

Florence County School District Three

Application for Practicum Students

Date : _____

All information on this application must be provided. Incomplete applications will not be accepted.

Name: _____
Last Name
First Name
Middle Name
Maiden Name

Name at birth _____ Any Former Names Used _____

Mailing Address: _____
Street or P. O. Box #
City
State
Zip Code

Home Telephone Number: _____ Email address: _____

In the event of an emergency, please contact: _____
(Name)

(Address)
(Telephone number)

Sex: Male Female ****Please provide copies of identification-SC Driver's License or SC ID Card.***

Race: American Indian Asian African American Caucasian Hispanic

Date of Birth: _____ Place of Birth: _____
Month/Day/Year
City/County/State

Social Security Number _____

**Have you ever been convicted of or received deferred adjudication for a crime other than a minor traffic offense?
 (A DUI is not considered a minor traffic offense and must be listed.)**

Yes No

If you checked the "Yes" box, you must give complete information for each charge below.

City Where Arrested	State	Date Arrested	Charges	Disposition(s)

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

In accordance with Florence County School District Three policies, this application is being used to help provide a safe and secure environment for FCSD3 students. The requested information regarding race, sex, and date of birth is required to process your background check. This information is kept strictly confidential and is necessary only for processing the criminal history. This information will be released only as required by law.

Institution: _____ Major: _____ Minor: _____ Anticipated Graduation Date: _____

Which school(s) would you prefer to be placed at? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> J. C. Lynch Elementary | <input type="checkbox"/> J. Paul Truluck Middle School |
| <input type="checkbox"/> Lake City Elementary | <input type="checkbox"/> Ronald E. McNair Middle School |
| <input type="checkbox"/> Main Street Elementary | <input type="checkbox"/> Lake City High |
| <input type="checkbox"/> Scranton Elementary | <input type="checkbox"/> Life Long Learning Center |
| <input type="checkbox"/> Olanta Elementary | |

What grade level(s) are you interested in? (Check all that apply)

- Pre-K Kindergarten 1st 2nd 3rd 4th 5th
 6th 7th 8th 9th 10th 11th 12th

Student Internship Placement Only

Number of Placements Needed: _____ Total Hours Needed: _____

Placement Primary Schools	Preferred Start Date	Grade	Area	Instructor/Course	# of Hours Needed
Placement #1					
Placement #2					
Placement #3					
Placement #4					
Placement #5					

Student Teaching Placement Only

Preferred Assignment (Specify grade levels and subject areas)

Grade Level: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Subject Area: _____ _____ _____

Below, note any special considerations you would like us to consider when placing you:

CODE OF ETHICS

- I realize that being a Student Intern for Florence County School District Three can help a student attain his/her maximum educational potential as well as help and encourage all aspects of student growth.
- I will be responsible for arriving on time and be regular and consistent in attendance.
- I will encourage positive attitudes through sincere praise.
- I will be sensitive to procedures and student needs.
- I will be flexible in working with new ideas and materials.
- I agree to keep student information confidential. I will have respect for the confidential nature of school records, assignments and relationships between staff members and students.

IN ORDER TO PROTECT THE STUDENTS OF FLORENCE COUNTY SCHOOL DISTRICT THREE, WE ASK OUR STUDENT TEACHERS TO READ AND SIGN THE FOLLOWING:

I, the undersigned, authorize Florence County School District Three to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency and to use said information for the purpose of evaluating my application for volunteering. I hereby authorize Florence County School District Three to request any relevant information from my employer(s), and I authorize any references to release such information.

I have also read and understand the **Code of Ethics and** affirm that all the information contained in this application is true and complete and that misrepresentation, falsification or omission shall be cause for relinquishing my role as a volunteer in Florence County School District Three.

Signature

Date

For Office Use Only:

Name: _____
Last Name First Name Middle Name Maiden Name

Copy of Driver's License or State ID & copy of SS card received: Yes No

Copy of clear TB test results received: Yes No

BBP Training completed: **(signed sheet attached)** Yes No

National Sex Offender Registry & SC Sex Offender Registry check completed & attached: Yes No

SLED check completed and attached: Yes No

Approved by: _____ Yes No _____ Date
Superintendent or Designee